

MOULTONBOROUGH RECREATION DEPARTMENT

ACTIVITY REGISTRATION FORM

PO Box 411 10 Holland Street Moultonborough, NH 03254
Phone (603)476-8868 Fax (603)476-2607 www.moultonboroughnh.gov

PARTICIPANT INFORMATION (One Participant per form)

First Name: _____ Last Name: _____
D.O.B. _____ M or F _____ Grade (If child) _____
Activity / Program: _____ **Session (if applicable):** _____
Cost: \$ _____ **Received by:** _____ **Check #** _____ **Cash Amount \$** _____

Primary Phone: _____ Cell Phone(s): _____

(Circle the 2 phone #'s you want to receive messages at from our ONE CALL service.)

List any special requirement or medical information, including allergies & current medications that the program supervisor should be aware of: _____

IF YOU ARE A "NEW" PARTICIPANT OR YOUR INFORMATION HAS CHANGED, PLEASE COMPLETE THE FOLLOWING:

Mailing Address: _____ Zip _____

Email Address _____

Emergency Contact #1: Name _____ Phone: _____

Emergency Contact #2: Name _____ Phone: _____

If UNDER 18: Parent(s) Name: _____

My Child may be released to: _____

Are you a: ☐ Year Round Resident ☐ Summer Resident ☐ Non Resident

RELEASE OF LIABILITY / PHOTO RELEASE/ NOTIFICATION

I hereby agree to release, discharge and hold harmless, the Moultonborough Recreation Department, its employees and volunteers from any liabilities that may occur while participating in the recreational activity listed above. I understand that participation in any recreational program or activity involves risk. I further understand that the Moultonborough Recreation Department does not provide accident or medical insurance for its program participants. I give permission for the staff or volunteers of the Moultonborough Recreation Department to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached I hereby give permission to the attending physician to administer whatever care he/she deems necessary for the safety of myself or my child. I understand that it is my responsibility to disclose any medical conditions or medical information to the Moultonborough Recreation Department. I give my permission to have photos taken during this program and used for publicity purposes by the Moultonborough Recreation Department. By signing this I am willing to be a part of "One Call Tell All" that will inform me of changes and cancelations to the programs run by the recreation department. I have read this Indemnity agreement and understand its terms.

Signature: Participant or Parent/Guardian (If under 18)

Date